



# North Carolina National Guard Family Readiness Youth Program Operation Kids/Kiddies on Guard Program

## Application

### CHILDREN'S INFORMATION

Child's Name:

\_\_\_\_\_  
Last, First, Middle

Gender:

☐ Female

☐ Male

Social Security No. \_\_\_\_\_

Date of

Age: \_\_\_\_\_

(Necessary for No-cost Invitational Travel Orders)

Birth: \_\_\_\_\_

*~Please bring your Kids on Guard T-Shirt & Hat, if you currently have one.~*

KOG Hats:

Hat Needed? ☐ Yes ☐ No

T-Shirt Size:

T-Shirt Sizes come in Youth or Adult Size. Please check one. Then select shirt size.

☐ Youth Sizes: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

☐ Adult Sizes: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

Medical Treatments: \_\_\_\_\_

Tetanus shot: Has your child had a current tetanus shot (within 10 years)? ☐ Yes ☐ No

Date of Tetanus shot: \_\_\_\_\_

### PARENT'S INFORMATION

Parent/Guardian

Name: \_\_\_\_\_

Sponsor & Unit: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

National Guard Parent, Guardian or Sponsor Currently Mobilized?

Individual you wish contacted in case of emergency:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Complete and Turn-in the Authorization Forms with the application.**

# NC National Guard Family Readiness Youth Program

## Operation Kids/Kiddies on Guard

### Authorization Forms

#### STATEMENT OF UNDERSTANDING AND AGREEMENT

I acknowledge that I, \_\_\_\_\_ Acting as legal Guardian of \_\_\_\_\_  
(Parent or Guardian) (Child's Name)

do hereby grant my permission for him/her to participate in the Operation Kids/Kiddies on Guard Program activities. I will take full responsibility for any damage that might occur to government property caused by my child. Should such participation result in injury/death I agree not to hold the U.S. Government, National Guard, State of North Carolina, its employees, Operation Kids/Kiddies on Guard Program support personnel or agents liable in any way. I also understand that Operation Kids/Kiddies on Guard Program support staff reserves the right to terminate the participation of my child when it is deemed to be in the best interest of either the child, other participants or Support Staff, as determined by the Operation Kids/Kiddies on Guard Program Staff. I further give my permission for the Operation Kids/Kiddies on Guard Program to release photographs and non-confidential information pertaining to my child to the media for publicity purposes.

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Signature of Child Date

#### AUTHORIZATION FOR MEDICAL TREATMENT

I, \_\_\_\_\_, as parent/guardian, authorize Emergency Medical Treatment for  
\_\_\_\_\_, a minor, in case of accident, illness or any other emergency requiring  
professional care during the Operation Kids/Kiddies on Guard Program activities. I understand that I will be responsible for any and all cost of such treatment.

\_\_\_\_\_  
Signature of Parent/Guardian Date

#### MEDICAL INFORMATION

Name of Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Medical, group, or member #:

*Individual you wish contacted incase of emergency:*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### RAPPEL TOWER/CLIMBING WALL PERMISSION FORM (IF APPLICABLE)

Please be advised your youth may choose to participate in our 20 foot Rappel Tower. We take every precaution including training, equipment checks, safety procedures and participant evaluation. As with any activity there are inherent risks.

- ☐ I **give** permission for my child, \_\_\_\_\_, to participate in the Rappel Tower/Climbing Wall activity.
- ☐ I **do not give** permission for my child, \_\_\_\_\_, to participate in the Rappel Tower/Climbing Wall activity.

\_\_\_\_\_  
Signature of Parent/Guardian Date